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To: Office of Information and Regulatory Affairs

Submitted via email to DOL_PRA_PUBLIC@dol.gov

Re: **Occupational Safety and Health Administration (OSHA) sponsored information collection request (ICR) titled, "Bloodborne Pathogens Standard" to the Office of Management and Budget.** OMB Control Number 1218-0180

About ANA

The American Nurses Association (ANA) welcomes the opportunity to offer comments on this bulletin. As the only full-service professional organization representing the interests of the nation's 3.1 million registered nurses (RNs), ANA is privileged to speak on behalf of its state and constituent member associations, organizational affiliates, and individual members. RNs serve in multiple direct care, care coordination, and administrative leadership roles, across the full spectrum of health care settings. RNs provide and coordinate patient care, educate patients and the public about various health conditions, and provide advice and emotional support to patients and their family members. ANA members also include the four advanced practice registered nurse (APRN) roles: nurse practitioners, clinical nurse specialists, certified nurse-midwives and certified registered nurse anesthetists.

Support of Information Collection

ANA voices support for this ICR to extend Paperwork Reduction Act authority for the Bloodborne Pathogens Standard information collection. The standard's information collection requirements, which include a written exposure control plan, documentation of workers' hepatitis B vaccinations, and post-exposure evaluations and follow-up medical visits, training, related recordkeeping, and a sharps injury log, serve to protect registered nurses and other health care workers. This information sets the foundation for a comprehensive effort to both prevent and mitigate instances of occupational exposure.

Request to Enhance Information Collected

The Needlestick Safety and Prevention Act (NSPA) states that "An employer, who is required to establish an Exposure Control Plan shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation in the Exposure Control Plan." The original intent for including this language in the law was to enhance direct user input on selected safety-engineered devices, thereby increasing the likelihood of device appropriateness, quality and utilization and reducing the widespread industry practice of selecting devices simply based on cost considerations.

We are concerned about the lack of compliance with this mandate based on resurgent trends we are seeing across the country that indicate device purchasing decisions are again being largely driven by cost. Recent ANA survey data demonstrating a widespread lack of engagement of registered nurses and lack of awareness of the process used to select safe needle devices provides further evidence to indicate a lack of compliance with this mandate. In ANA's 2011 Health and Safety Survey, 38% of RNs reported that their

facilities process to select safe needle devices involved nurses and 43% reported that they did not know. Similarly, only 30.1% of RNs responding to ANA's 2014-2015 Health Risk Appraisal reported being involved in the selection and evaluation of safe needle devices. The number of RNs responding to these survey items was 4,614 and 4,054, respectively.

The language within the NSPA related to employee input is lacking. As written, employers are required to solicit input from non-managerial employees directly involved in patient care and "document the solicitation in the Exposure Control Plan." No specific procedures for obtaining and documenting employee input are included. The original intent of this open-ended language was to provide the employer flexibility to take reasonable steps to obtain employee input. However, the flexibility allowed within this mandate has supported narrow or nearly non-existent input from registered nurses and other employees.

We recommend that the information collected be enhanced to include the requirement to document within the Exposure Control Plan efforts to engage all employees responsible for direct patient care. This involves frequent opportunities to trial new safe needle devices before they are introduced and to provide input related to devices currently being used. Documentation should also provide evidence that procedures used to select and evaluate safe needle devices and opportunities for input were clearly and frequently communicated to employees.

Conclusion

It is critical to meaningfully engage registered nurses and other employees responsible for direct patient care in the selection and evaluation of safe needle devices and other engineering controls. The opportunity to provide input assures that end users are comfortable with devices and therefore more likely to use them correctly and consistently. Ultimately, this leads to increased compliance with the BBP Standard and improved worker safety.

We appreciate the opportunity to provide comment. If we can be of further assistance, or if you have any questions or comments, please feel free to contact Jaime Murphy Dawson, Senior Policy Advisor, Department of Nursing Practice and Work Environment at (301) 628-5130 or jaime.dawson@ana.org.

Sincerely,

Debbie Hatmaker

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Executive Director

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